U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 5305

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Bridget P Martin	Name Int'l Broid of Boilermakers
	Labor Organization File Number 000.014
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2722 Merrike Dr. #360	Street 753 Stak Ne ++570
City Fairfax	city Kansas City
State VA ZIP Code + 4 22031.4427	State KS ZIP Code + 4 601.2511
5. Position in labor organization. AIP/DGA (ASSt. to the President, Director Government Affairs)	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of	
monetary value from an employer whose employees your organizati	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	r.a. reade of microst, transaction, of media.
	7.b. Amount.
Street City	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the
signed Bridget P. Martin	On 7/14/2005 703 · 560 · 1493 Date Telephone Number
Form LM-30 (2003)	Dog. 1 d

Name of Person Filing Bridget P. Martin	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actional (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Columbia Partners Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1775 Pennsylvania Ave City Wishington State ZIP Code + 4 Z0006	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Sem Graf Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1200 # 3 6akury, Conter City PiHzburgh State PA ZIP Code + 4 15220	11.a. Nature of such dealing. Columbia Partners invests fundo Jar Bailer makero' trust fund local 154 Annuity Jund, paryor Santas fund & hild dues. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Dunner to discuts persion & political lissues.	
	12.b. Amount. 75.00	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Sndagt V. Nasthn	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Kelly Press	gang.
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street [701 Cabin Branch Dr.	c. Employer
city Cheverly	
State M) ZIP Code + 4 20785	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Printing & publications for Int'l Programs.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. Z8 Z35 . 33
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Business meetings wichding buch, Christmas sift of sporting event tickets.
	12.b. Amount.
C. Received from any employer (other than an employer covered under	r parts A and B above)
or from any labor relations consultant to an employer any payment of money	or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.